Mr. Gregory K. Finch Trelleborg Automotive YSH, Inc. P.O. Box 7007 Logansport, Indiana 46947-7007

Re: AAT-017-12246-00014

First Administrative Amendment to
Part 70 017-7639-00014

Dear Mr. Finch:

BTR Antivibration Systems, Inc. was issued a Part 70 Operating Permit on August 31, 1999 for a stationary fabricated rubber products manufacturing operation. A letter was received May 8, 2000 requesting a transfer of ownership and name change. Pursuant to the provisions of 326 IAC 2-7-11 the permit is hereby administratively amended as follows:

Trelleborg Automotive YSH, Inc., acquired control of BTR Antivibration Systems, Inc. on March 1, 2000 for the operation located at One General Street, Logansport, Indiana 46947. They will operate under the new name of Trelleborg Automotive YSH, Inc.

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, of my staff, at 317-233-5334 or 1-800-451-6027, press 0 and ask for extension 3-5334.

Sincerely,

Paul Dubenetzky, Chief Permits Branch Office of Air Management

Attachments PD/gkf

cc: File - Cass County

Cass County Health Department Air Compliance Section - Ryan Hillman Compliance Data Section - Karen Nowak

PART 70 OPERATING PERMIT OFFICE OF AIR MANAGEMENT

Trelleborg Automotive YSH, Inc. One General Street Logansport, Indiana 46947

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-7 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

| Operation Permit No.: T017-7639-00014 | | | | | |
|---|--------------------------------|--|--|--|--|
| Issued by: Janet G. McCabe, Assistant Commissioner Office of Air Management | Issuance Date: August 31, 1999 | | | | |

First Minor Source Modification 017-11310-00014, issued October 19, 1999

| First Administrative Amendment: 017-12246-00014 | Pages Affected: 34, 35, 37, 38 and 39 | |
|---|---------------------------------------|--|
| Issued by: Paul Dubenetzky, Branch Chief Office of Air Management | Issuance Date: | |

First Administrative Amendment: 017-12246 Amended by: Gary Freeman Page 2 of 7 OP No. T017-7639-00014

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR MANAGEMENT COMPLIANCE DATA SECTION

PART 70 OPERATING PERMIT CERTIFICATION

Source Name: Trelleborg Automotive YSH, Inc.

Source Address: One General Street, Logansport, Indiana 46947
Mailing Address: P.O. Box 7007, Logansport, Indiana 46947-7007

Part 70 Permit No.: T017-7639-00014

| This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit. |
|---|
| Please check what document is being certified: |
| 9 Annual Compliance Certification Letter |
| 9 Test Result (specify) |
| 9 Report (specify) |
| 9 Notification (specify) |
| 9 Other (specify) |
| |
| I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete. |
| Signature: |
| Printed Name: |
| Title/Position: |
| Date: |

First Administrative Amendment: 017-12246 Amended by: Gary Freeman Page 3 of 7 OP No. T017-7639-00014

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR MANAGEMENT

COMPLIANCE DATA SECTION
P.O. Box 6015
100 North Senate Avenue
Indianapolis, Indiana 46206-6015
Phone: 317-233-5674
Fax: 317-233-5967

PART 70 OPERATING PERMIT EMERGENCY/DEVIATION OCCURRENCE REPORT

Source Name: Trelleborg Automotive YSH, Inc.

If any of the following are not applicable, mark N/A

Source Address: One General Street, Logansport, Indiana 46947
Mailing Address: P.O. Box 7007, Logansport, Indiana 46947-7007

Part 70 Permit No.: T017-7639-00014

| This form consists of 2 pag | es |
|-----------------------------|----|
|-----------------------------|----|

Page 1 of 2

| | | 2.5 C. 2 pages |
|-------------|-----------|---|
| Check | either No | o. 1 or No.2 |
| 9 1. | This is | an emergency as defined in 326 IAC 2-7-1(12) |
| | C | The Permittee must notify the Office of Air Management (OAM), within four (4) business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and |
| | С | The Permittee must submit notice in writing or by facsimile within two (2) days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16 |
| 9 2. | This is | a deviation, reportable per 326 IAC 2-7-5(3)(c) The Permittee must submit notice in writing within ten (10) calendar days |

Facility/Equipment/Operation: Control Equipment: Permit Condition or Operation Limitation in Permit: Description of the Emergency/Deviation: Describe the cause of the Emergency/Deviation:

Phone:

First Administrative Amendment: 017-12246 Amended by: Gary Freeman

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If any of the following are not applicable, mark N/A Page 2 of 2 Date/Time Emergency/Deviation started: Date/Time Emergency/Deviation was corrected: Was the facility being properly operated at the time of the emergency/deviation? Υ Ν Describe: Type of Pollutants Emitted: TSP, PM-10, SO₂, VOC, NO_x, CO, Pb, other: Estimated amount of pollutant(s) emitted during emergency/deviation: Describe the steps taken to mitigate the problem: Describe the corrective actions/response steps taken: Describe the measures taken to minimize emissions: If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value: Form Completed by: Title / Position: Date:

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR MANAGEMENT COMPLIANCE DATA SECTION

PART 70 OPERATING PERMIT NATURAL GAS FIRED BOILER CERTIFICATION

Source Name: Trelleborg Automotive YSH, Inc.

Source Address: One General Street, Logansport, Indiana 46947
Mailing Address: P.O. Box 7007, Logansport, Indiana 46947-7007

Part 70 Permit No.: T017-7639-00014

| This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit. | | | | | |
|--|----------------|---|--|--|--|
| Report period Beginning: Ending: | | | | | |
| Boiler Affected | Alternate Fuel | Days burning alternate fuel From To | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| I certify that, based on information the document are true, according to the control of the cont | | er reasonable inquiry, the statements and information | | | |
| Signature: | | | | | |
| Printed Name: | | | | | |
| Title/Position: | | | | | |
| Date: | | | | | |

First Administrative Amendment: 017-12246 Amended by: Gary Freeman

BTR Antivibration Systems, Incorporated Logansport, Indiana
Permit Reviewer: Holly M. Stockrahm

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR MANAGEMENT COMPLIANCE DATA SECTION Part 70 Quarterly Report

Source Name: Trelleborg Automotive YSH, Inc.

Source Address: One General Street, Logansport, Indiana 46947
Mailing Address: P.O. Box 7007, Logansport, Indiana 46947-7007

Part 70 Permit No.: T017-7639-00014
Facility: All coating facilities

Phone:

Parameter: Volatile Organic Compound (VOC)

Limit: The Volatile Organic Compound (VOC) from all the coating facilities at the source shall use less than

 $245\ tons\ of\ VOC, including\ coatings,\ dilution\ solvents,\ and\ cleaning\ solvents,\ per\ 12\ consecutive\ month$

period, rolled on a monthly basis. Five (5) tons have been attributed to insignificant facilities.

| YEAR: | |
|-------|--|
| | |

| Month | Column 1 | | Column 2 | | Column 1 + Column 2 | |
|---------|--------------------------------|------------------------------|--|--------------------------------------|---------------------------------|-------------------------------|
| | Spray Coating This Month | Dip Coating This Month | Spray Coating Previous 11 Months | Dip Coating Previous 11 Months | Spray Coating 12 Month Total | Dip Coating 12 Month Total |
| Month 1 | | | | | | |
| Month 2 | | | | | | |
| Month 3 | | | | | | |

| Month | Column 1 | | Column 2 | | Column 1 + Column 2 | |
|---------|-------------------------------|-----------------------|---------------------------------------|--------------------------------------|--------------------------------|-------------------------------|
| | Roll Coating This Month | Solvent This Month | Roll Coating Previous 11 Months | Solvent Use Previous 11 Months | Roll Coating 12 Month Total | Solvent Use 12 Month Total |
| Month 1 | | | | | | |
| Month 2 | | | | | | |
| Month 3 | | | | | | |

| 9 | No deviation occurred in this quarter. | |
|-------|---|--|
| 9 | Deviation/s occurred in this quarter. Deviation has been reported on: | |
| Title | nitted by: / Position: ature: | |

BTR Antivibration Systems, Incorporated Logansport, Indiana
Permit Reviewer: Holly M. Stockrahm

First Administrative Amendment: 017-12246 Amended by: Gary Freeman Page 7 of 7 OP No. T017-7639-00014

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR MANAGEMENT COMPLIANCE DATA SECTION

PART 70 OPERATING PERMIT QUARTERLY COMPLIANCE MONITORING REPORT

| Source Name: Source Address: Mailing Address: Part 70 Permit No.: | | treet, Logans Logansport | , Inc. sport, Indiana 46947 , Indiana 46947-7007 | | | |
|--|-----------------------------------|-----------------------------|--|------------------------|--|--|
| | Months: | to _ | Year: | | | |
| This report is an affirmation that the source has met all the compliance monitoring requirements stated in this permit. This report shall be submitted quarterly. Any deviation from the compliance monitoring requirements and the date(s) of each deviation must be reported. Additional pages may be attached if necessary. This form can be supplemented by attaching the Emergency/Deviation Occurrence Report. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period". | | | | | | |
| 9 NO DEVIATIONS | S OCCURRED T | HIS REPOR | TING PERIOD | | | |
| 9 THE FOLLOWIN | IG DEVIATIONS | OCCURRED | THIS REPORTING PERIOD. | | | |
| | onitoring Requinit Condition D.1. | | Number of Deviations | Date of each Deviation | | |
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Attach a signed certification to complete this report.